



## PART B - FEE(S) TRANSMITTAL

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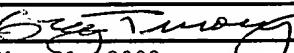
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23623 7590 01/23/2008  
**AMIN, TUROCY & CALVIN, LLP**  
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**24TH FLOOR,**  
**CLEVELAND, OH 44114**  
**05/23/2008 RFEKADUE 00900045 10558587**

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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Gregory Turocy	(Depositor's name)
	(Signature)
May 21, 2008	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/558,587	11/29/2005	Issei Sato	MITSP103US	6695

TITLE OF INVENTION: FIBER FOR ARTIFICIAL HAIR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	04/23/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
EDWARDS, NEWTON O	1794	428-364000

- |   |   |
|---|---|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).<br><input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.<br><input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | 2. For printing on the patent front page, list<br>(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,<br>(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |
| 1 <u>Amin, Turocy &amp; Calvin, LLP</u><br>2 _____<br>3 _____   |   |

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

MITSUI CHEMICALS, INC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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- Issue Fee  
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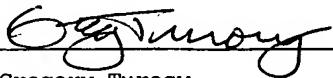
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1063 (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



Date May 21, 2008

Typed or printed name Gregory Turocy

Registration No. 36,952

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